

# Independent Review Of Disputed Claims 2006

01/01/06 Through 11/15/06

**Provider Types**

- 2 Dental
- 2 DME (Durable Medical Equipment)
- 21 Hospital
- 2 Lab Work
- 7 Other
- 45 Physician
- 2 Transportation
- 2 Undefined

**Decisions**

- 2 MCO
- 10 Provider
- 64 Ineligible
- 4 Pending
- 3 Settled for Provider

**Total Requests** 83

<b>Record</b>	<b>767</b>	<b>Date Received</b>	1/23/2006
<b>Prov Name</b>	Sweetwater Hospital Association	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Patient's TennCare MCO changed during hospitalization. PHP will not respond to request for that portion of the stay.		
<b>Decision</b>	Settled for Provider	<b>Date</b>	2/1/2006
<b>Eligibility</b>	Eligible	<b>Amount Awarded</b>	\$1,565.50
<b>Final Decision</b>	The parties settled the claim after it had been sent to an independent reviewer.		

<b>Record</b>	<b>768</b>	<b>Date Received</b>	1/23/2006
<b>Prov Name</b>	Dr. Sabin Ewing	<b>Provider Type</b>	Dental
<b>MCO Name</b>	Doral Dental		
<b>Claim</b>	The patient filed the IR request and said that he needed braces which was denied by Doral.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because:		
	TennCare enrollee submitted form, no denied claim, no written reconsideration, no evidence of provider contract.		

<b>Record</b>	<b>769</b>	<b>Date Received</b>	2/6/2006
<b>Prov Name</b>	Scott County Hospital	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Denied billing & reimbursement		
<b>Decision</b>	Provider	<b>Date</b>	4/9/2006
<b>Eligibility</b>	Eligible	<b>Amount Awarded</b>	\$2,458.48
<b>Final Decision</b>	The Independent Reviewer reversed the denial because service was provided to patient that had TennCare coverage and as soon as the provider realized this, they took the proper steps to correct the matter.		

<b>Record</b>	<b>770</b>	<b>Date Received</b>	2/6/2006
<b>Prov Name</b>	LeBonheur Children's Medical Center	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		

<b>Claim</b>	Enrollee transferred to hospital for emergency procedure. Hospital failed to request pre-certification or authorization for the procedure.			
<b>Decision</b>	Provider	<b>Date</b>	5/25/200	<b>Amount Awarded</b> \$40,652.33
<b>Eligibility</b>	Eligible			
<b>Final Decision</b>	Even if the MCO could argue that the services were not emergent, the prior authorization arguably would have been given for a medically necessary surgery on a critically ill patient. Therefore, the MCO's decision is reversed and the provider should be paid according to the plan's reimbursement arrangement for these services.			

<b>Record</b>	<b>771</b>	<b>Date Received</b>	2/2/2006
<b>Prov Name</b>	Special Kids, Inc.	<b>Provider Type</b>	Undefined
<b>MCO Name</b>	Volunteer State Health Plan, Inc.		
<b>Claim</b>	Various claims denied due to Third Party Liability issues.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	No written reconsideration or TennCare disputed claims. Some remittance advices were not timely.		

<b>Record</b>	<b>772</b>	<b>Date Received</b>	2/24/2006
<b>Prov Name</b>	LeBonheur Children's Medical Center	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	MCO denied payment for inpatient hospital stay for both enrollees because the provider did not notify the MCO of the admissions in a timely manner.		
<b>Decision</b>	MCO	<b>Date</b>	5/4/2006
<b>Eligibility</b>	Eligible		
<b>Final Decision</b>	The MCO is within its contractual right to deny payment based on failure to comply with notification procedures. The decision of the MCO to deny payment is upheld.		

<b>Record</b>	<b>773</b>	<b>Date Received</b>	3/22/2006
<b>Prov Name</b>	Dr. David Martin	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	PHP denied payment for a hysterectomy performed on the patient because the consent form was not completed correctly. The nurse who signed the consent form as a witness did not date the consent form.		
<b>Decision</b>	Provider	<b>Date</b>	5/20/200
<b>Eligibility</b>	Eligible		
<b>Final Decision</b>	The medical service was performed and no other MCO/Provider Agreement matters were at issue. Without any specific legal justification otherwise, it appears the omission of the witness's signature date, on the acknowledgement form, does not automatically vacate the accountability for payment for this claim. Since the patient signed and dated the form, there is a rebuttable presumption that the witness signed the form on the same date as the patient. The MCO is to pay to the provider the appropriate negotiated amount of this claim.		

<b>Record</b>	<b>774</b>	<b>Date Received</b>	2/28/2006
<b>Prov Name</b>	Henry County Ortho. Surgery & Sports	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Patient came to hospital with an emergency, was admitted, and he gave Kentucky insurance and address. Performed emergency surgery. Patient told hospital 5 days later he had TennCare. Hospital then tried two different times to get a retro-authorization.		
<b>Decision</b>	Provider	<b>Date</b>	5/5/2006
		<b>Amount Awarded</b>	\$4,870.00

Eligibility	Eligible				
Final Decision	Based upon the facts and the circumstances of this particular case, the Reviewer finds that the claims filed by the provider should be paid.				
Record	775	Date Received	3/27/2006		
Prov Name	D. Devender Reddy, M.D.	Provider Type	Hospital		
MCO Name	Unison Health Plan				
Claim	Procedural Denial: The service performed is part of the original surgical procedure which has already been paid.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: Did not include IR request form, denial from MCO, written reconsideration, provider contract or \$450.00.				
Record	776	Date Received	2/14/2006		
Prov Name	Infusion Partners	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	Unison denial states that the provider billed inconsistent codes that do not match the descriptions and number of units billed.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No signed IR request form, no copy of denial from MCO, no copy of provider contract and no check for \$450.00.				
Record	777	Date Received	2/23/2006		
Prov Name	PHM, Inc.	Provider Type	Hospital		
MCO Name	Unison Health Plan				
Claim	Denied for timely filing.				
Decision	Provider	Date	7/17/200	Amount Awarded	\$2,100.00
Eligibility	Eligible				
Final Decision	The independent reviewer reversed the MCO's denial because the service was performed for a TennCare member and the provider took steps to timely file the claim.				
Record	778	Date Received	2/24/2006		
Prov Name	Sutherland Cardiology Clinic	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	Insufficient proof of timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No signed IR request form, no denial from MCO, no provider contract and no check for \$450.00.				
Record	779	Date Received	2/28/2006		
Prov Name	Athens Women's Clinic, P.C.	Provider Type	Physician		
MCO Name	Preferred Health Partnership of Tennessee, Inc.				
Claim	MCO denied services as "not medically necessary."				
Decision	Provider	Date	10/10/20	Amount Awarded	\$2,150.00

<b>Eligibility</b>	Eligible			
<b>Final Decision</b>	Because the parties agreed on the diagnosis and the MCO's criteria allows the treatment provided (given the pre-op tests performed by the doctor), the denial of the MCO should be reversed.			
<b>Record</b>	<b>780</b>	<b>Date Received</b>	2/27/2006	
<b>Prov Name</b>	Grandview Radiology Associates	<b>Provider Type</b>	Physician	
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.			
<b>Claim</b>	Exceeds timely filing limit.			
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b> N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no provider contract and/or no check for \$450.00.			
<b>Record</b>	<b>781</b>	<b>Date Received</b>	3/8/2006	
<b>Prov Name</b>	D. Devender Reddy, M.D.	<b>Provider Type</b>	Physician	
<b>MCO Name</b>	Unison Health Plan			
<b>Claim</b>	Per Unison, in order to consider payment for procedure code 99238-55, the service must be performed within 10 days from the original surgery.			
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b> N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no copy of reconsideration request, no provider contract and/or check for \$450.			
<b>Record</b>	<b>782</b>	<b>Date Received</b>	3/10/2006	
<b>Prov Name</b>	East Tennessee Neonatal Associates, P.C.	<b>Provider Type</b>	Physician	
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.			
<b>Claim</b>	PHP paid claims then recouped payment stating that the newborn patients were not eligible on the dates of service.			
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b> N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no copy of provider contract and/or check for \$450.00.			
<b>Record</b>	<b>783</b>	<b>Date Received</b>	3/13/2006	
<b>Prov Name</b>	Infusion Partners	<b>Provider Type</b>	Physician	
<b>MCO Name</b>	Unison Health Plan			
<b>Claim</b>	Per Unison, the plan's reimbursements are based on unit price and not by package price. The plan confirmed that the previous payment was appropriate. Therefore, no additional payment is due.			
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b> N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no copy of appeal, no copy of provider contract and/or \$450.00 check.			
<b>Record</b>	<b>784</b>	<b>Date Received</b>	3/16/2006	
<b>Prov Name</b>	W. Carl Dyer, Jr., M.D., F.A.C.S.	<b>Provider Type</b>	Physician	
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.			
<b>Claim</b>	Claim was denied for not being filed in a timely fashion of 120 days.			
<b>Decision</b>	Provider	<b>Date</b>	9/30/200	<b>Amount Awarded</b> \$10,300.00
<b>Eligibility</b>	Eligible			

<b>Final Decision</b>	The independent reviewer reversed the decision because the provider showed evidence that he had submitted the claim well within the 120 day limit.		
<b>Record</b>	<b>785</b>	<b>Date Received</b>	3/22/2006
<b>Prov Name</b>	MTC	<b>Provider Type</b>	Transportation
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Provider received HCFA claim form from PHP stating the gender was not selected. They resubmitted a new HCFA with documentation to PHP who denied the claim.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No signed IR request form, no denial from MCO, no written reconsideration and no provider contract.		
<b>Record</b>	<b>786</b>	<b>Date Received</b>	3/22/2006
<b>Prov Name</b>	Regional Medical Center at Memphis	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Denied for timely filing.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: IR request form not completed, no copy of disputed claim, no copy of denial of MCO, no provider contract and no check for 450.00.		
<b>Record</b>	<b>787</b>	<b>Date Received</b>	3/29/2006
<b>Prov Name</b>	Advanced Surgical Concepts, PLLC	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Denied for timely filing		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No completed IR request form, no copy of denial from MCO, no copy of written correspondence or a provider contract.		
<b>Record</b>	<b>788</b>	<b>Date Received</b>	3/31/2006
<b>Prov Name</b>	Delta Medical Center	<b>Provider Type</b>	Undefined
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Plan failed to timely notify the Plan of the admission and request a payment authorization. Unison is not approving payment for the admission. Unison will consider reimbursing Emergency Services with the receipt of a claim for such charges and itemized statement with the appropriate CT codes.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No completed IR request form, no copy of disputed claim, no denial from MCO, no written reconsideration and no check for 450.00.		
<b>Record</b>	<b>789</b>	<b>Date Received</b>	4/12/2006
<b>Prov Name</b>	Dyersburg Family Walk-In Clinic	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Denied because the modifier "25" was not placed on the office visit code. They were corrected, sent back and was still denied.		

<b>Decision Eligibility</b>	Ineligible Ineligible Because: No completed IR request form, no disputed claim, no denial from MCO, no contract and no 450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>790</b> Advanced Surgical Concepts, PLLC.	<b>Date Received</b>	4/10/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	Exceeds timely filing limit				
<b>Decision Eligibility</b>	Ineligible Ineligible Because: No IR request form, no disputed claim, no denial from MCO, no reconsideration, no contract and no \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>791</b> Decatur Co. General Hospital Surgical	<b>Date Received</b>	4/18/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Letter from provider states that the doctor's name was wrong in MCO's system. Correct information was on the claim but still was denied.				
<b>Decision Eligibility</b>	Ineligible Ineligible Because: No signed IR review form, no written reconsideration request and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>792</b> Vanderbilt Medical Group	<b>Date Received</b>	4/27/2006	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Procedure code 04000K is invalid and cannot be considered.				
<b>Decision Eligibility</b>	Ineligible Ineligible Because: No completed IR request form, no disputed claim, no copy of denial, no provider contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>793</b> Baptist Trinity Home Care & Hospice	<b>Date Received</b>	4/26/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	The plan is not responsible for payment where the patient is admitted to the same facility. Please bill the patient's BHO carrier for payment				
<b>Decision Eligibility</b>	Ineligible Ineligible Because: No completed IR form, no appeal, no provider contract and no check for 450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>794</b> Joseph A. Motto, M.D.	<b>Date Received</b>	5/4/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	PHP has denied procedure code 30903 for no authorization. The PHP published policies at time of service did not require authorization.				

<b>Decision</b>	Settled for Provider	<b>Date</b>	<b>Amount Awarded</b>	\$325.00
<b>Eligibility</b>	Eligible			
<b>Final Decision</b>	The parties settled this claim after it had been sent to the Independent Reviewer.			

<b>Record</b>	<b>795</b>	<b>Date Received</b>	5/4/2006
<b>Prov Name</b>	Joseph A. Motto, M.D.	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	PHP denied an outpatient surgical procedure performed in office for no authorization.		
<b>Decision</b>	Settled for Provider	<b>Date</b>	<b>Amount Awarded</b>
<b>Eligibility</b>	Eligible		
<b>Final Decision</b>	The parties settled this claim after it had been sent to the Independent Reviewer.		

<b>Record</b>	<b>796</b>	<b>Date Received</b>	5/4/2006
<b>Prov Name</b>	Regional Medical Center at Memphis	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	On 2/18/05 Unison denied the claim and requested an accident questionnaire from the patient which was received. The claim then was denied on 4/29/05 for no authorization.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	Past the 365 days from the first denial from the MCO.		

<b>Record</b>	<b>797</b>	<b>Date Received</b>	5/3/2006
<b>Prov Name</b>	Dyersburg Family Walk-In Clinic	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Modifier "25" was not placed on the office visit code. Per Unison, the plan has paid appropriately for there services billed. No additional payment is due as a complete copy of the medical records were not submitted to support a separate payment.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	No completed IR form, no disputed claim, no denial, no appeal, no contract and no check for \$450.00.		

<b>Record</b>	<b>798</b>	<b>Date Received</b>	4/28/2006
<b>Prov Name</b>	Dyersburg Family Walk-In Clinic	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Modifier "25" was not placed on the office visit code. Per Unison, the plan has paid appropriately for there services billed. No additional payment is due as a complete copy of the medical records were not submitted to support a separate payment.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	No IR request form, no denial, no appeal, no contract and no check for \$450.00.		

<b>Record</b>	<b>799</b>	<b>Date Received</b>	6/5/2006
<b>Prov Name</b>	Cordova Pediatrics, PLLC	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Mother assumed that child was covered for the first thirty days. Additionally, the child was treated for neonatal jaundice.		

<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No completed IR form, no disputed claim, no provider contract or no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>800</b> Twin City Ambulance	<b>Date Received</b>	6/20/2006	<b>Provider Type</b>	Transportation
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Trip notes were not on file and needed to be submitted. The trip notes were submitted that day.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR form, no disputed claim, no reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>801</b> UT Medical Group, Inc.	<b>Date Received</b>	6/26/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Claim was denied because the plan requires a complete copy of medical records to review for medical necessity. Provider says they sent all records they were able to obtain.				
<b>Decision Eligibility</b>	Pending Eligible	<b>Date</b>	Pending	<b>Amount Awarded</b>	Pending
<b>Record Prov Name</b>	<b>802</b> Genesis Center	<b>Date Received</b>	7/6/2006	<b>Provider Type</b>	DME
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	PHP wanted to bill heated humidifier for a CPAP machine as a rental. Provider policy is to be billed as a purchase.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR request form, no original denial from MCO, no copy of provider contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>803</b> Sevier Anesthesia Associates	<b>Date Received</b>	7/6/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	Diagnosis code 632 was denied by the Associate Medical Director stating records indicate incomplete abortion.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR review form, no original form from MCO, no provider contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>804</b> Alan M. Nadel, M.D.	<b>Date Received</b>	7/17/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Claim denied for timely filing.				
<b>Decision Eligibility</b>	Ineligible Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A



Ineligible Because:  
No IR form, no denial, no contract and no check for \$450.00.

Record	805			Date Received	7/7/2006
Prov Name	East TN Children's Hospital			Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.				
Claim	Denied procedure code. Review of medical records indicates that evaluation and management code 99254 was necessary to determine the need for procedure code 62270 and may be separately reported with the appropriate modifier appended.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no denial from MCO, no reconsideration, no contract and no check for \$450.00.				
Record	806			Date Received	7/14/2006
Prov Name	MBFS			Provider Type	Other
MCO Name	Unison Health Plan				
Claim					
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No completed IR request form, no reconsideration, no contract and no check for \$450.00.				
Record	807			Date Received	7/18/2006
Prov Name	TPFS			Provider Type	Hospital
MCO Name	Unison Health Plan				
Claim	Denied for timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no denial from MCO, no reconsideration, no contract and no check for \$450.00.				
Record	808			Date Received	7/18/2006
Prov Name	Twin Medical Transaction Serv., Inc.			Provider Type	Hospital
MCO Name	Unison Health Plan				
Claim	Denied for timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no provider contract and no \$450.00.				
Record	809			Date Received	7/18/2006
Prov Name	Sutherland Cardiology Clinic			Provider Type	Physician
MCO Name	Unison Health Plan				
Claim	Denied for timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no reconsideration, no provider contract and no check for \$450.00.				
Record	810			Date Received	7/18/2006
Prov Name	UT Medical Group			Provider Type	Hospital
MCO Name	Unison Health Plan				

Claim	Originally denied stating the patient was listed in the State's system as a male. They appealed the claim with a copy of the operative report and discharge summary which was denied for timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no provider contract and no check for \$450.00.				
Record	811	Date Received	7/24/2006		
Prov Name	Sutherland Cardiology Clinic	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	Plan is unable to consider a separate payment in this case as a copy of the medical records was not submitted to support a separate payment is warranted. According to NCCI edit, procedure code 99231 is incidental to 93600.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no denial from MCO, no reconsideration, no contract and no check for \$450.00.				
Record	812	Date Received	7/24/2006		
Prov Name	East TN OB/GYN	Provider Type	Physician		
MCO Name	Preferred Health Partnership of Tennessee, Inc.				
Claim	1st filed the claim with JDHP (mother's insurance carrier). Provider was notified on 02/22/06 that the patient's carrier was PHP. Filed with PHP who denied it for timely filing.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR request form, no denial from MCO, no provider contract and no check for \$450.00.				
Record	813	Date Received	7/26/2006		
Prov Name	Sutherland Cardiology Clinic	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	Unison states that invoice was never received. Provider confirmed with UHP that the invoice was received. Unison denied for not receiving the nuclear medicine invoice.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No signed IR form, no disputed claim, no denial from MCO, no reconsideration, no contract and no check for \$450.00.				
Record	814	Date Received	7/28/2006		
Prov Name	CareAll Management, Inc.	Provider Type	Other		
MCO Name	Unison Health Plan				
Claim	Provider did not receive payment for the visits that were made to patient and they did not receive a reply to the 6/30/06 letter requesting payment.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible Ineligible Because: No IR form, no provider contract and no check for \$450.00.				
Record	815	Date Received	8/2/2006		
Prov Name	Sunrise Pediatrics, PLLC	Provider Type	Physician		
MCO Name	Preferred Health Partnership of Tennessee, Inc.				

<b>Claim</b>	Denied for timely filing.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no disputed claim, no denial, no contract and no check for \$450.00.				
<b>Record</b>	<b>816</b>			<b>Date Received</b>	8/3/2006
<b>Prov Name</b>	Methodist Healthcare			<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Patient came in as self pay because she had not been approved for TennCare coverage. She was eventually approved effective 9/12/05. Provider was not notified until after time limit was up. Claim was denied for timely filing.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no denial from MCO, no provider contract and no check for \$450.00.				
<b>Record</b>	<b>817</b>			<b>Date Received</b>	8/7/2006
<b>Prov Name</b>	Sutherland Cardiology Clinic			<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	UHP denied for insufficient proof of timely filing. However, provider states that they did receive it in a timely manner and has proof.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR form, no denial from MCO, no contract and no check for \$450.00.				
<b>Record</b>	<b>818</b>			<b>Date Received</b>	8/7/2006
<b>Prov Name</b>	Sutherland Cardiology Clinic			<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Plan denied for not having medical records to support a separate payment.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR request form, no denial from MCO, no contract and no check for \$450.00.				
<b>Record</b>	<b>819</b>			<b>Date Received</b>	8/9/2006
<b>Prov Name</b>	Blue Ridge Radiology, P.C.			<b>Provider Type</b>	Other
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	Plan states Ingenix recommends that CPT codes for moderate sedation be included 10021-69970 range as well as with other codes representing services potentially requiring the use of moderate sedation.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No completed IR form, no denial from MCO, no provider contract and no check for \$450.00.				
<b>Record</b>	<b>820</b>			<b>Date Received</b>	8/8/2006
<b>Prov Name</b>	Henry County Ortho. Surgery & Sports			<b>Provider Type</b>	Physician
<b>MCO Name</b>	Memphis Managed Care Corporation/TLC Family Care				
<b>Claim</b>	Denied for timely filing.				

<b>Decision</b>	MCO	<b>Date</b>	10/12/20	<b>Amount Awarded</b>	\$0.00
<b>Eligibility</b>	Eligible				
<b>Final Decision</b>	This claim was filed outside the MCO's 120 day claim filing policy.				

<b>Record</b>	<b>821</b>	<b>Date Received</b>	8/15/2006
<b>Prov Name</b>	Wilson Worley Moore Gamble & Stout PC	<b>Provider Type</b>	Dental
<b>MCO Name</b>	Doral Dental		
<b>Claim</b>	Attempted recoupment of overpayments.		
<b>Decision</b>	Provider	<b>Date</b>	11/13/20
<b>Eligibility</b>	Eligible		
<b>Final Decision</b>	Reviewer determines that the \$33,000.00 recoupment made or sought to be made by MCO for claims paid for approximately 350 patients is improper.		

<b>Record</b>	<b>822</b>	<b>Date Received</b>	8/15/2006
<b>Prov Name</b>	Methodist LeBonheur Healthcare	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Member was added to plan but provider failed to timely notify the plan of this admission and request a payment authorization. The member was retroactively enrolled on the date of admission and would not have impacted the facility's ability to contact the plan in a timely manner and obtain a payment authorization.		
<b>Decision</b>	Pending	<b>Date</b>	Pending
<b>Eligibility</b>	Eligible		

<b>Record</b>	<b>823</b>	<b>Date Received</b>	8/16/2006
<b>Prov Name</b>	Sutherland Cardiology Clinic	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Denied stating that an invoice for the nuclear medicine used in a treadmill stress test was never received.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	No IR request form, no disputed claim, no denial from MCO, no reconsideration, no contract and no check for \$450.00.		

<b>Record</b>	<b>824</b>	<b>Date Received</b>	8/21/2006
<b>Prov Name</b>	Memphis Surgical Specialists	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Denied due to timely filing.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible		
	Ineligible Because:		
	No IR form, no disputed claim, no contract and no check for \$450.00.		

<b>Record</b>	<b>825</b>	<b>Date Received</b>	8/23/2006
<b>Prov Name</b>	West Tennessee Healthcare	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Unison Health Plan		
<b>Claim</b>	Initial denial for no authorization. Patient was retro-eligibility patient and was added to TennCare after his dates of service. Denied again for not having medical records sent to Unison.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
	<b>Amount Awarded</b> N/A		

**Eligibility** Ineligible  
Ineligible Because:  
No IR request form, no denial from MCO, no reconsideration, no provider contract and no check for \$450.00.

**Record** **826** **Date Received** 8/25/2006  
**Prov Name** Memphis Critical Care Associates **Provider Type** Physician  
**MCO Name** Unison Health Plan  
**Claim** The claim was filed and denied by UHP stating no authorization was done. Provider called UHP to advise them of the authorization #. UHP stated the claim was processed correctly and no benefits were due because these studies are paid on first-come-first-serve basis and the hospital had already paid.

**Decision** Ineligible **Date** N/A **Amount Awarded** N/A  
**Eligibility** Ineligible  
Ineligible Because:  
No IR form, no disputed claim, no contract and no check for \$450.00.

**Record** **827** **Date Received** 8/28/2006  
**Prov Name** TUA Oak Ridge Urology Associates **Provider Type** Physician  
**MCO Name** Preferred Health Partnership of Tennessee, Inc.  
**Claim** Denied for timely filing.  
**Decision** Ineligible **Date** N/A **Amount Awarded** N/A  
**Eligibility** Ineligible

Ineligible Because:  
No IR request, no disputed claim, no denial, no reconsideration, no contract and no check for \$450.00.

**Record** **828** **Date Received** 9/7/2006  
**Prov Name** Delta Medical Center **Provider Type** Hospital  
**MCO Name** Unison Health Plan  
**Claim** Patient presented to ER with no card; name and date of birth given incorrectly by family. Unable to obtain insurance information until after discharge.  
**Decision** Ineligible **Date** N/A **Amount Awarded** N/A  
**Eligibility** Ineligible  
Ineligible Because:  
No denial from MCO and no contract.

**Record** **829** **Date Received** 9/7/2006  
**Prov Name** Caid Solutions **Provider Type** Lab Work  
**MCO Name** Unison Health Plan  
**Claim** Denied for timely filing.  
**Decision** Ineligible **Date** N/A **Amount Awarded** N/A  
**Eligibility** Ineligible  
Ineligible Because:  
No IR form, no denial from MCO, no provider contract and no check for \$450.00.

**Record** **830** **Date Received** 9/7/2006  
**Prov Name** UT Medical Group **Provider Type** Physician  
**MCO Name** Unison Health Plan  
**Claim** Procedure code 71010 is considered incidental to procedure code 71020. Therefore, a separate

	payment cannot be considered.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR form, no reconsideration to the MCO, no provider contract and no check for \$450.00.				
<b>Record</b>	<b>831</b>			<b>Date Received</b>	9/8/2006
<b>Prov Name</b>	Volunteer Homecare			<b>Provider Type</b>	Other
<b>MCO Name</b>	Memphis Managed Care Corporation/TLC Family Care				
<b>Claim</b>	Rejected numerous times from EDI system, unable to located subscriber.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: Past the 365 days from the date of first denial from MCO.				
<b>Record</b>	<b>832</b>			<b>Date Received</b>	9/12/2006
<b>Prov Name</b>	West TN Anesthesia, P.C.			<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Patient was given retro-eligibility after dates of service. Provider filed claim and at the top of the page wrote "appeal," and Unison thought they were appealing and sent them a letter back telling them to file a claim.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR form, no provider contract and no check for \$450.00.				
<b>Record</b>	<b>833</b>			<b>Date Received</b>	9/14/2006
<b>Prov Name</b>	Professional Anesthesia Associates			<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	After review, it was determined provider should have submitted the claim as an outpatient observation visit. A corrected claim was filed and again denied as previously submitted and processed.				
<b>Decision</b>	Ineligible	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Eligibility</b>	Ineligible Ineligible Because: No IR form, no written reconsideration, no contract and no check for \$450.00.				
<b>Record</b>	<b>834</b>			<b>Date Received</b>	9/15/2006
<b>Prov Name</b>	Volunteer Homecare			<b>Provider Type</b>	Other
<b>MCO Name</b>	UAHC of TN				
<b>Claim</b>	Claim submitted 3/30/05. Rebilled 6/2/05 and returned to provider for missing revenue code. Rebilled electronically 6/24/05, 8/11/05, 9/14/05 and rebilled on paper 12/23/05.				
<b>Decision</b>	Provider	<b>Date</b>	10/30/20	<b>Amount Awarded</b>	\$837.92
<b>Eligibility</b>	Eligible				
<b>Final Decision</b>	After consideration of the MCO's additional explanations, the Reviewer finds the MCO should pay this claim.				
<b>Record</b>	<b>835</b>			<b>Date Received</b>	9/15/2006
<b>Prov Name</b>	Volunteer Homecare			<b>Provider Type</b>	Other
<b>MCO Name</b>	UAHC of TN				

Claim	Claim uploaded to Vestica's System on 7/27/05 and was denied on 9/15/05 for timely filing. On 12/29/05, Provider submitted appeal to UAHC with no response.				
Decision	Provider	Date	11/2/200	Amount Awarded	\$100.00
Eligibility	Eligible				
Final Decision	IR reverses decision because the service was provided by provider and the claim was filed for payment.				
Record	836	Date Received	9/22/2006		
Prov Name	UT Medical Group	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	MCO's records indicate procedure code 71010 is considered incidental to procedure code 71020. Therefore, a separate payment cannot be made.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible				
	Ineligible Because:				
	No signed IR form, no reconsideration to MCO, no provider contract and no check for \$450.00.				
Record	837	Date Received	9/25/2006		
Prov Name	Volunteer Home Care of West TN	Provider Type	Other		
MCO Name	Memphis Managed Care Corporation/TLC Family Care				
Claim	Denied for no authorization on file.				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible				
	Ineligible Because:				
	No disputed claim, no provider contract and no check for \$450.00.				
Record	838	Date Received	9/22/2006		
Prov Name	Sutherland Cardiology Clinic	Provider Type	Physician		
MCO Name	Unison Health Plan				
Claim	Did not obtain a prior authorization				
Decision	Ineligible	Date	N/A	Amount Awarded	N/A
Eligibility	Ineligible				
	Ineligible Because:				
	No disputed claim, no written reconsideration and both parties did not sign the contract.				
Record	839	Date Received	9/18/2006		
Prov Name	Baptist Memorial Hospital	Provider Type	Hospital		
MCO Name	Premier Behavioral Systems of Tennessee, LLC				
Claim	Patient was not eligible with TennCare at the time the treatment was rendered and was retro-eligible approved for TennCare with effective date covering dates of service. Submitted request for retroactive authorization to Premier on 5/12/06 which was denied as not meeting medical necessity.				
Decision	Pending	Date	Pending	Amount Awarded	Pending
Eligibility	Eligible				
Record	840	Date Received	9/18/2006		
Prov Name	Regional Medical Center at Memphis	Provider Type	Hospital		
MCO Name	Unison Health Plan				
Claim	Claim originally denied for no authorization. Facility then appealed. UHP does not allow second level appeals.				

<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR request form, no denial from MCO, no reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>841</b> UT Medical Group	<b>Date Received</b>	9/19/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Procedural Denial: Plan states it has paid the maximum amount allowed for the service billed.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR form, no reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>842</b> Surgical Associates of Cleveland, P.C.	<b>Date Received</b>	9/19/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.				
<b>Claim</b>	Denied for different modifiers.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR form, no denial from MCO, no reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>843</b> Paris Pediatrics, P.C.	<b>Date Received</b>	9/27/2006	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	Denied for timely filing.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No copy of denial and contract was not executed by both parties.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>844</b> Direct Medical Supplies	<b>Date Received</b>	9/26/2006	<b>Provider Type</b>	DME
<b>MCO Name</b>	UAHC of TN				
<b>Claim</b>	Provider is contracted with UAHC 70% of the MSRP, but they are only paying 30% of their cost.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No signed IR request, no written reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A
<b>Record Prov Name</b>	<b>845</b> Scantibodies Clinical Laboratory, Inc.	<b>Date Received</b>	10/3/2006	<b>Provider Type</b>	Lab Work
<b>MCO Name</b>	Unison Health Plan				
<b>Claim</b>	MCO denied services stating the services needed a pre-authorization and/or timely notification.				
<b>Decision Eligibility</b>	Ineligible Ineligible Ineligible Because: No IR form, no denial, no reconsideration, no contract and no check for \$450.00.	<b>Date</b>	N/A	<b>Amount Awarded</b>	N/A



<b>Record</b>	<b>846</b>	<b>Date Received</b>	10/10/2006
<b>Prov Name</b>	All Women's Care, PLLC	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Denied for timely filing.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No signed IR form, no disputed claim, no denial, no contract and no check for \$450.00.		

<b>Record</b>	<b>847</b>	<b>Date Received</b>	10/16/2006
<b>Prov Name</b>	Sunrise Pediatrics, PLLC	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Unknown		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No appeal, no contract and no check for \$450.00.		

<b>Record</b>	<b>848</b>	<b>Date Received</b>	10/23/2006
<b>Prov Name</b>	Wellmont Health System	<b>Provider Type</b>	Hospital
<b>MCO Name</b>	Preferred Health Partnership of Tennessee, Inc.		
<b>Claim</b>	Denied for timely filing.		
<b>Decision</b>	Ineligible	<b>Date</b>	N/A
<b>Eligibility</b>	Ineligible	<b>Amount Awarded</b>	N/A
	Ineligible Because: No IR form, no denial, no reconsideration, no contract and no check for \$450.00.		

<b>Record</b>	<b>849</b>	<b>Date Received</b>	10/27/2006
<b>Prov Name</b>	Reflections Treatment Agency	<b>Provider Type</b>	Physician
<b>MCO Name</b>	Tennessee Behavioral Health, Inc.		
<b>Claim</b>	Denied for no authorization.		
<b>Decision</b>	Pending	<b>Date</b>	Pending
<b>Eligibility</b>	Eligible	<b>Amount Awarded</b>	Pending